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FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J01221 (7)
1. Corporation Name
G. LEE L. INC.



Principal Place of Business: % GARY L. LOVETTE, 426 HWY 98 W., APALACHICOLA FL 32320
Mailing Address: % GARY L. LOVETTE, 426 HWY 98 W., APALACHICOLA FL 32320-1239

3. Date Incorporated or Qualified: 02/26/1986
3a. Date of Last Report: 04/17/1996
4. FEI Number: 59-2656023
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
LOVETTE, GARY L.
426 HWY 98 W.
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent
B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 City: B4 State: FL B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|----------------------------------|--------------------------|
| TITLE | P | <input type="checkbox"/> |
| NAME | SAKER, ROBERT | |
| STREET ADDRESS | P.O. BOX 888, N/A; HIGHWAY 98 W. | |
| CITY-ST-ZIP | APALACHICOLA FL | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | LOVETTE, GARY L. | |
| STREET ADDRESS | HIGHWAY 98 W., P.O. BOX 888 N/A | |
| CITY-ST-ZIP | APALACHICOLA FL | |
| TITLE | T | <input type="checkbox"/> |
| NAME | SAKER, ROBERT | |
| STREET ADDRESS | P.O. BOX 888, N/A; HIGHWAY 98 W. | |
| CITY-ST-ZIP | APALACHICOLA FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: Robert Saker 4/21/97 (904)653 9410

CR2E034 (9/96)